

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b> 10/715,765	
		<b>Filing Date</b> November 18, 2003	
		<b>First Named Inventor</b> Robert E. Sinclair	
		<b>Group Art Unit</b> 2654	
		<b>Examiner Name</b> Myriam Pierre	
<input type="checkbox"/> Sent via Express Mail Label No.:		<b>Attorney Docket Number</b> 304557.01	

  

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> <b>Fee Transmittal Form (\$180.00 total fee)</b> <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> <b>Information Disclosure Statement with Form PTO/SB/08A (4 pages)</b> <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) ( sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> <b>General Power of Attorney (SB80)</b> <input checked="" type="checkbox"/> <b>37 CFR 3.73(b) Statement</b> <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Answer, Reply Notice) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> <small>(Under 37 CFR § 1.6(a))</small> I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> electronically deposited with the USPTO on the date shown below to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (§71) _____ December 12, 2005 <i>David Lee</i> Date Signature David Lee Printed Name
<b>Remarks</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.			

  

<b>SIGNATURE OF ATTORNEY OR AGENT</b>			
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